Revision:	HCFA-AT-87-14 OCTOBER 1987		<b>C</b> )		OMB No.: 0938-0193
	State/Territory:			Vermont	
Citation 455.103 44 FR 416 1902(a)(38 Act P.L. 100-9 8(f)) 435.940 th 435.960 52 FR 596	8) of the 93 (Sec.	4.31 <u>Di</u> Th dis spe 11: 4.32 <u>Inc</u> (a)	The discl	Medicaid agency has established losure of information by providing if in 42 CFR 455.104 through (1908) and 1902(a)(38) of the American Eligibility Verification  The Medicaid agency has estatincome and eligibility verification the requirements of 42 CFR 4435.960.  ATTACHMENT 4.32-A description with 42 CFR 435.948(a)(6), the requested in order to verify correct payment amount and the State(s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from which that information by Provide the State (s) from the Sta	ed procedures for the lers and fiscal agents as gh 455.106 and sections Act.  System  ablished a system for ation in accordance with 35.940 through  cribes, in accordance he information that will religibility or the che agencies and the
			(c)	ATTACHMENT 4.32-A description description and the agence which that information will be a provides for data matching through the agence and successor system, including assistance programs operated by information that is requested when the agence and other entities legally XIX applicants and individuals XIX services consistent with a gargements.	ibes in accordance with rmation that will be gibility or the correct ies and the State(s) from requested.  ermination system that ough the Public ion System (PARIS), or g matching with medical by other States. The fill be exchanged with rentitled to verify title is eligible for covered title

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